

**Recipient Committee  
Campaign Statement  
Cover Page**  
(Government Code Sections 84200-84216.5)

COVER PAGE

**CALIFORNIA  
FORM  
460**

Date Stamp	CALIFORNIA FORM 460	
	Page <u>1</u> of <u>4</u> For Official Use Only	
Statement covers period from <u>01/01/2018</u> through <u>06/30/2018</u>	Date of election if applicable: (Month, Day, Year)  <u>11/03/2020</u>	
SEE INSTRUCTIONS ON REVERSE		

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall  
(Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7)
- Primarily Formed Ballot Measure  
Committee
- Controlled
- Sponsored  
(Also Complete Part 6)
- Amendment (Explain below)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement  
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Prelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER

1390966

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Mike Cordero for Council 2020

STREET ADDRESS (NO P.O. BOX)

2151 S College Dr Ste 101

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

(805) 922-4881

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
OPTIONAL: FAX / E-MAIL ADDRESS  
arybee@aol.com

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
OPTIONAL: FAX / E-MAIL ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-10-18 By Trent Benedetti  
Signature of Treasurer or Assistant Treasurer  
By M. R. Cordero  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

COVER PAGE - PART 2

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## **5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	
Mike Cordero		BALLOT NO. OR LETTER	JURISDICTION
City Council Member		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		CITY	STATE ZIP
1324 Ruby Ct.		Santa Maria	CA 93454
<p><b>Related Committees Not Included in this Statement:</b> List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.</p>			
COMMITTEE NAME		I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS		STREET ADDRESS (NO P.O. BOX)	
CITY		STATE ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME		I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS		STREET ADDRESS (NO P.O. BOX)	
CITY		STATE ZIP CODE	AREA CODE/PHONE
<p><b>7. Primarily Formed Candidate/Officeholder Committee</b> List names of officeholder(s) or candidate(s) for which this committee is primarily formed.</p>			
NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
NAME OF OFFICEHOLDER OR CANDIDATE		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
NAME OF OFFICEHOLDER OR CANDIDATE		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
NAME OF OFFICEHOLDER OR CANDIDATE		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Cordero for Council 2020

## CALIFORNIA FORM 460

Statement covers period from <u>01/01/2018</u>	through <u>06/30/2018</u>	Page <u>3</u> of <u>4</u>
		I.D. NUMBER <u>1390966</u>

### Contributions Received

#### Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)

1. Monetary Contributions ..... *Schedule A, Line 3* \$ 0.00
2. Loans Received ..... *Schedule B, Line 3* \$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... *Add Lines 1 + 2* \$ 0.00
4. Nonmonetary Contributions ..... *Schedule C, Line 3* \$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... *Add Lines 3 + 4* \$ 0.00

#### Column B CALENDAR YEAR TOTAL TO DATE

- 1/1 through 6/30 7/1 to Date
20. Contributions Received \$ 0.00
21. Expenditures Made \$ 0.00

### Expenditures Made

6. Payments Made ..... *Schedule E, Line 4* \$ 347.50
7. Loans Made ..... *Schedule H, Line 3* \$ 0.00
8. SUBTOTAL CASH PAYMENTS ..... *Add Lines 6 + 7* \$ 347.50
9. Accrued Expenses (Unpaid Bills) ..... *Schedule F, Line 3* \$ 0.00
10. Nonmonetary Adjustment ..... *Schedule C, Line 3* \$ 0.00
11. TOTAL EXPENDITURES MADE ..... *Add Lines 8 + 9 + 10* \$ 347.50

### Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)
- Total to Date
- Date of Election  
(mm/dd/yy)

### Current Cash Statement

12. Beginning Cash Balance ..... *Previous Summary Page, Line 16* \$ 6,659.83
  13. Cash Receipts ..... *Column A, Line 3 above* \$ 0.00
  14. Miscellaneous Increases to Cash ..... *Schedule I, Line 4* \$ 0.00
  15. Cash Payments ..... *Column A, Line 8 above* \$ 347.50
  16. ENDING CASH BALANCE ..... *Add Lines 12 + 13 + 14, then subtract Line 15* \$ 6,312.33
- If this is a termination statement, Line 16 must be zero.*
17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* \$ 0.00
  18. Cash Equivalents ..... *See instructions on reverse* \$ 0.00
  19. Outstanding Debts ..... *Add Line 2 + Line 9 in Column B above* \$ 0.00

\*Amounts in this section may be different from amounts reported in Column B.

## Schedule E Payments Made

**Amounts may be rounded to whole dollars.**

<b>Schedule E</b>		<b>CALIFORNIA FORM 460</b>
<b>Payments Made</b>		<b>Statement covers period</b>
		<b>from</b> <u>01/01/2018</u>
		<b>through</b> <u>06/30/2018</u>
		<b>Page</b> <u>4</u> <b>of</b> <u>4</u>
		<b>I.D. NUMBER</b>
		1390566
<b>Amounts may be rounded to whole dollars.</b>		
<b>SEE INSTRUCTIONS ON REVERSE</b>		
<b>NAME OF FILER</b>		
Mike Cordero for Council 2020		

<b>CODES:</b> If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	
MP	campaign paraphernalia/misc.
CNS	campaign consultants
CB	contribution (explain nonmonetary)*
CYC	civic donations
FL	candidate filing/ballot fees
FIL	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
ND	legal defense
ND	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PEI	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CON	contribution (explain nonmonetary)*
CTB	civic donations
CYC	candidate filing/ballot fees
FIL	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
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WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, CPA INC. 151 S College Dr Ste 101 Santa Maria, CA 93455	PRO		47.50
Benedetti & Associates, CPA INC. 151 S College Dr Ste 101 Santa Maria, CA 93455	OFC	netfile software renewal	300.00

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## Schedule E Summary

- |   |                 |                  |
|---|-----------------|------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)  | \$ _____        | \$ 347.50        |
| 2. Unitemized payments made this period of under \$100  | \$ _____        | \$ 0.00          |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                          | \$ _____        | \$ 0.00          |
| <b>4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page. Column A, Line 6.)</b> | <b>\$ _____</b> | <b>\$ 347.50</b> |